

OPEN ENROLLMENT OCTOBER 7 - NOVEMBER 1, 2013

Current participants must re-enroll to continue
Reimbursement Account(s) in 2014.

Eligible new employees have 30 days
following date of hire to enroll.

2014

Employee Reimbursement Accounts Program (ERA)



A Flexible Spending Accounts (FSA) Program
Reference Guide

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Register online now and Enroll!

If you haven't registered online yet, please do so today – to register, just visit www.wageworks.com and click "Register with WageWorks now!" You'll need to verify your employee status, confirm your contact information and create a user name and password.

Questions? Ask us.

If you have any questions or concerns, you can talk to a trained expert to learn more about the program. Just call 1-855-428-0446 Monday through Friday, from 7 a.m. to 7 p.m. CT.

Download the EZ Receipts® mobile application.

Use your smartphone to file claims and take care of your account paperwork from anywhere. Go to www.wageworks.com/aboutmobile to learn more.

Employee Resources

WageWorks

Reimbursement Requests:	P.O. Box 14326 Lexington KY 40512 FAX: 1-855-291-0625
Customer Service:	Toll-Free Phone: 1-855-428-0446 Monday – Friday, 7 a.m. – 7 p.m. CT Your personal Employee Reimbursement Account (ERA) and Commuter Benefits account information, available 24/7 http://www.wageworks.com Find helpful tips, guides, video tutorials and FAQs
WageWorks® Health Care Card:	For tips and more information about how to use your Card go to www.wageworks.com/card .
Change of Name or Address:	E-mail: Wisconsin@wageworks.com

Employee Trust Funds

Mailing Address:	P.O. Box 7931 Madison, WI 53707-7931
ETF Website:	http://etf.wi.gov Another way to link to ERA program information, forms and access to your personal account information. Click on the "Members" tab at the top of the page, then select "Employee Reimbursement Account Program" from the menu.

Open Enrollment (October 7 - November 1, 2013)

Internet enrollment:	http://www.wageworks.com
Enrollment Help:	1-855-428-0446 Call if you're having trouble logging on or enrolling online. See Page 7 for more Enrollment Information.

Need a print copy? Send a request to ERABenefitsGuide@wageworks.com. Keep this booklet for your reference throughout the plan year.

Employee Reimbursement Accounts Program

Welcome to your Employee Reimbursement Accounts (ERA) program, a Flexible Spending Accounts (FSA) program sponsored by the State of Wisconsin (State) and brought to you by WageWorks.

Start Saving. Here's How.

A Flexible Spending Account (FSA) allows you to set up an account to pre-fund your anticipated, eligible dependent day care expenses, or medical services and supplies that are normally not covered by your insurance. You decide how much to set aside and that amount is deducted from each paycheck before your Federal, State, and FICA taxes are calculated, saving you money on taxes. You can choose from two accounts: Health Care FSA and Dependent Day Care FSA.

Health Care FSA

A Health Care FSA is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or relative. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Health Care FSA.

Note: See annual contribution limits on page 4.

Dependent Day Care FSA

The Dependent Day Care FSA is a great way to pay for eligible dependent day care expenses such as after school care, baby-sitting fees, day care services, nursery and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

Note: See annual contribution limits on page 4.

Remember to complete your enrollment by November 1, 2013, to enroll in either the Health Care or Dependent Day Care Flexible Spending Accounts.

Plan Carefully

Your election is irrevocable after coverage has started, unless you have a qualifying Change in Status event. Only expenses for services provided to you or your qualified dependents during the plan year (including the grace period) are reimbursable. Any unused amounts from the plan year that are not used for expenses incurred by March 15 of the following year will be forfeited to the State. Unused funds cannot be returned to you.

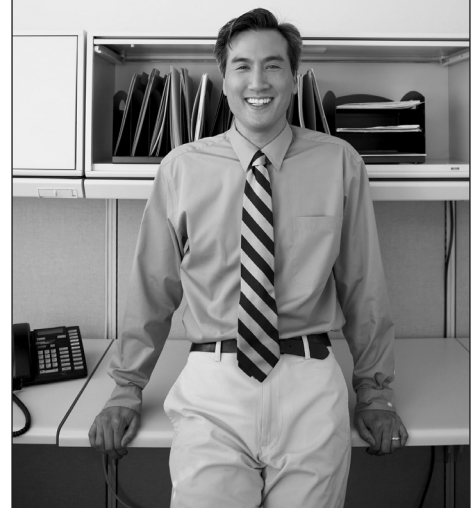
Important Dates to Remember

- ▶ **Enroll During the Annual Enrollment Period:**
October 7 - November 1, 2013

Current participants must re-enroll during the open enrollment period to continue participation in the ERA program in 2014.

- ▶ **Eligible new employees have 30 days following date of hire to enroll.**
- ▶ Plan Year: January 1 – December 31, 2014
- ▶ Grace Period: January 1 – March 15, 2015
- ▶ Reimbursement Filing Deadline: April 15, 2015

Eligible expenses must be incurred during the plan year (including the grace period) to be eligible for reimbursement. Services received during the grace period may be reimbursed from funds remaining from the previous plan year.



General Information

Annual Contribution Limits

For Health Care FSA:

Maximum Annual Deposit: \$2,500

For Dependent Day Care FSA:

The maximum contribution depends on your tax filing status.

- ▶ If you are married and filing separately, your maximum annual deposit is \$2,500.
- ▶ If you are single and head of household, your maximum annual deposit is \$5,000.
- ▶ If you are married and filing jointly, your maximum annual deposit is \$5,000.
- ▶ If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- ▶ If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

Remember: Contributions to a medical flexible spending account are limited to \$2,500 annually. Any funds that you carry over from 2013 are not included in the \$2,500 annual contribution limit.

Who is Eligible?

- ▶ Most full-time or part-time classified and unclassified state and university employees are eligible to participate.
- ▶ Employees who are classified as fellows, scholars, and research assistants in the University of Wisconsin System, limited term employees (LTEs), student hourlies, per diems and other temporary employees may not participate.

How much should I contribute?

- ▶ The minimum contribution for both accounts is \$100, see left column for the maximum amounts.
- ▶ Plan carefully before you enroll. Funds remaining in your account(s) at the end of the plan year and your grace period, after all eligible expenses have been reimbursed, will be forfeited to the State of Wisconsin.
- ▶ Carefully review your 2014 **It's Your Choice** booklet to help determine your medical expenses. Be sure to consider the co-insurance requirements and the out-of-pocket maximums for your health plan. Also review any other health, dental or vision coverage you may have that may affect your health care costs.
- ▶ Use the FSA worksheets provided on Page 15 of this booklet to help you calculate the amount you expect to pay during the plan year for eligible dependent care and/or uninsured out-of-pocket medical expenses. (Refer to the individual FSA descriptions on Page 3 in this booklet for information specific to each type of account.)
- ▶ Be sure the amount you set aside is a realistic amount. Keep in mind that you have to make contributions to your reimbursement account.

What expenses are eligible for reimbursement? Only expenses for services that you **receive** during your period of coverage in the 2014 Plan Year are eligible for reimbursement, regardless of when you were billed or when you pay for them. More details about eligible medical and dependent care expenses may be found starting on page 10.

Can my insurance premiums be reimbursed? No, Internal Revenue Service (IRS) regulations prohibit the reimbursement of any insurance premiums through a medical expense reimbursement account. However, premium payments for state group health, life, vision, dental and EPIC dental and excess medical coverage are automatically deducted from your paycheck on a pre-tax basis, unless you have filed a Premium Conversion Waiver Form. See Page 16 for more information about Automatic Premium Conversion.



General Information

When are my funds available?

For Health Care FSA:

- ▶ After the plan year starts, eligible medical expense claims will be paid up to the annual amount that you've elected to contribute to your Medical FSA.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of your deductions.

For Dependent Day Care FSA:

- ▶ Unlike a Health Care FSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received. If you file a claim for more than your current dependent day care FSA balance, the claim will be paid up to the balance in your account and the remainder will be held until additional contributions have been added to your account.

When does my period of coverage start?

- ▶ If you enroll during the Open Enrollment period, your period of coverage begins January 1, 2014.
- ▶ If you enroll within 30 days following your hire date or the date of your Change in Status qualifying event, your period of coverage starts on the first day of the month that begins on or after the date your Enrollment Form is received by your Payroll/Benefits Office or the date your Change in Status form is received by the WageWorks Office (see Page 18). Only eligible expenses incurred on or after this effective date are reimbursable. See Page 18 for more information about Change in Status effective dates.

Your first payroll deduction will be on the first available paycheck. The date of the first deduction will depend on the date your Enrollment Form is received by your Payroll/Benefits Office, as well as payroll cut-off dates. The first deduction may occur before or after the coverage start date.

Example: Your employment start date is March 10, 2014. You have 30 days after that date to enroll in the program. If your employer receives your properly completed and signed Enrollment Form on or before April 1, your coverage will start on April 1. If your Enrollment Form is received after April 10, it will be outside the enrollment deadline and will not be accepted.

When does my period of coverage end? If you remain employed to the end of the plan year (December 31, 2014), you can incur medical and/or dependent care expenses through March 15, 2015*, and be reimbursed from 2014 contributions.

Health Care FSA

If you terminate employment or cease to be an eligible employee prior to the end of the plan year and do not arrange to continue your coverage, your coverage ends at the end of the month in which your last FSA payroll deduction was taken. Expenses for services provided to you after this date are not reimbursable and any remaining funds will be forfeited.

Examples:

1. An employee whose last bi-weekly paycheck is dated April 13 will have FSA coverage end as of April 30.
2. An employee whose last monthly paycheck is dated May 1 will have FSA coverage end as of May 31.

Dependent Day Care FSA

If you terminate employment or cease to be an eligible employee prior to the end of the plan year, you cannot continue dependent care contributions. You can continue to request reimbursement for eligible expenses incurred during the period you were enrolled in this Dependent Day Care FSA, that is, prior to your termination. You may submit eligible claims until you exhaust your account balance or March 15, 2015, whichever comes first.

* A grace period allows you to use money from your 2014 account for expenses incurred through March 15, 2015. Reimbursement of claims will be made strictly on a "first-in, first-out" basis. So, if you have 2014 expenses that you intend to have paid from your 2014 funds, they must be submitted and processed before you submit any 2015 reimbursement claims.

General Information

Important FSA Note:

You have a **one month run-out period** (ending April 15) after your plan year ends to submit reimbursement requests for all eligible FSA expenses incurred **DURING** your plan year.

What happens if I don't spend all of my money?

IRS regulations stipulate that any amount left in your account at the end of a plan year after all submitted reimbursement requests have been processed will be forfeited to the State of Wisconsin. Funds cannot be returned to you.

Can I use money from one account to pay for expenses from another account?

No, funds deposited in a dependent day care account cannot be used to reimburse medical expenses (and vice versa).

Can I continue coverage if I terminate employment or take a leave of absence?

Your participation in the FSA program may cease during a plan year if you terminate employment, transfer to an ineligible position or go on an unpaid leave of absence, unless you make arrangements to continue your coverage.

There are several ways for you to continue your reimbursement account(s) for the remainder of the plan year.

- ▶ You can contribute the remainder of your annual election amount via a **tax-free** lump sum contribution taken from your last regular paycheck(s). When you have contributed your full annual election amount to your account(s), you can receive reimbursement for eligible expenses until your full annual amount has been reimbursed or the plan year ends (including the grace period), whichever occurs first.
- ▶ You can contribute with **after-tax** payments to your account (Health Care FSAs only).
- ▶ In some cases you may also change your election amount by filing a Change in Status Form. See Pages 18 - 20 for more information about qualified Changes In Status events.

Contact your Payroll/Benefits Office for more information about your options and the required procedures for continuation.

FSA Savings Example*

	(With FSA)	(Without FSA)
Annual Gross Income	\$31,000.00	\$31,000.00
FSA Deposit for Eligible Expenses	- 2,500.00	- 0.00
Taxable Gross Income	\$28,500.00	\$31,000.00
Federal, Social Security Taxes	- 5,885.25	- 6,401.50
Annual Net Income	\$22,614.75	\$24,598.50
Cost of Eligible Expenses	- 0.00	- 2,500.00
Spendable Income	\$22,614.75	\$22,098.50

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of **\$516.25!**

Notes:

Budget conservatively. No reimbursement or refund of FSA funds is available for services that do not occur within your plan year.

* Based upon a 20.65% tax rate (15% federal and 5.65% Social Security) calculated on a calendar year.

Enrollment Information

Can I change my election during open enrollment?

Yes, you can change your election at any time during the open enrollment period. Simply use the Internet at any time during the open enrollment period to make the change.

Only the last election that you made will be saved. Be sure to record and save your new confirmation number every time you change your election. If you enroll via the Internet, be sure to carefully review the amount entered and print your confirmation page.

Can I change my election after open enrollment?

If you wish to change or cancel your election after November 1 but before the plan year starts, you may mark your desired change on your Confirmation Notice and send it to WageWorks. If you have misplaced your Confirmation Notice, complete a paper Enrollment Form with your desired election amount(s). Be sure to include a notation that it is a "supersede" for the 2014 plan year.

Can I change my election after the plan year begins?

Enrollment elections cannot be changed after the plan year begins unless there is a qualifying change in status event that affects your eligibility to participate in the benefit.

Benefit election changes are allowed only if the requested change is on account of and corresponds to the status change event and must be approved before it can take effect. **See Pages 18 - 20 for more information about Change in Status events and how to request a change.**

Can I enroll after the Open Enrollment period?

Enrollment after the annual open enrollment period is not permitted unless you are a newly-hired employee or experience a qualifying change in status event.

Enrollment for newly hired employees

You may enroll in the ERA program by submitting an Enrollment Form within 30 days following your hire date.

Step 1 – Determine the amount you wish to contribute for the remainder of the plan year following your effective date of coverage. Your department's Payroll/Benefits Office will assist you in determining the number of paychecks remaining in the year.

Step 2 – Complete a paper ERA Enrollment Form available from your Payroll/Benefits Office or ETF website. (Internet enrollment is **not** available after the Annual Enrollment period.)

Step 3 – Return your completed Enrollment Form to your Payroll/Benefits Office.

Enrollment for employees who experience a Change in Status

You may enroll in the ERA program by submitting a Change in Status Form within 30 days after you experience a Change in Status event such as marriage, birth, or adoption. **See Pages 18 -20 for more information on valid Change in Status events and for instructions on how to enroll via a Change in Status form.**

Requests for late enrollment after November 1 may be made by writing an enrollment appeal request letter outlining the circumstances that prevented you from enrolling during the open enrollment period. Send the letter, along with a completed Enrollment Form, to WageWorks. Enrollment Forms are available from your payroll office, the ETF website or call the WageWorks office.

All requests for enrollment changes or late enrollments may be mailed to the WageWorks Claims Appeal Board, 10375 Baldev Ct., Mequon, WI 53092 or fax 1-866-672-1662. In all cases you will be notified when your request is approved or denied.

When will my coverage start if I enroll mid-plan year?

If you enroll within 30 days following your hire date or the date of your change in status qualifying event, your coverage will start on the first day of the month that begins on or after the date your approved Change in Status Form is received by WageWorks Office or your Enrollment Form is received by your employer. (Note, the effective date for birth, adoption, placement for adoption is the date of the event.) Only eligible expenses for services provided to you on or after this effective date are reimbursable.

Your first payroll deduction will be on the first available paycheck. The date of the first deduction will depend on the date your Enrollment Form is received by your Payroll/Benefits Office (new hires) or your Change in Status Form is received by WageWorks and the dates of your Change in Status events, as well as payroll cut-off dates. The first deduction may occur before or after the coverage start date. **See Pages 18 - 20 for more information about Change in Status events.**

Example: Your employment start date is March 15. You have 30 days after that date to enroll in the program. If your employer receives your properly completed and signed Enrollment Form on or before April 15, your coverage will start on May 1. If your form is received after April 15 you will be outside the enrollment period and it will not be accepted.

Health Care FSA

What are the contribution limits?

Minimum annual contribution: \$100

Maximum annual contribution: \$2,500

Remember: Contributions to a medical flexible spending account are limited to \$2,500 annually. Any funds that you carry over from 2013 are not included in the \$2,500 annual contribution limit.

Eligible Expenses

Typically, your Health Care FSA covers:

- ▶ Acupuncture
- ▶ Ambulance service
- ▶ Birth control pills and devices
- ▶ Breast pumps
- ▶ Chiropractic care
- ▶ Contact lenses (corrective)
- ▶ Dental fees
- ▶ Diagnostic tests/health screening
- ▶ Doctor fees
- ▶ Drug addiction/alcoholism treatment
- ▶ Drugs
- ▶ Experimental medical treatment
- ▶ Eyeglasses
- ▶ Guide dogs
- ▶ Hearing aids and exams
- ▶ In vitro fertilization
- ▶ Injections and vaccinations
- ▶ Nursing services
- ▶ Optometrist fees
- ▶ Orthodontic treatment
- ▶ Over-the-counter items (some require prescription)
- ▶ Prescription drugs to alleviate nicotine withdrawal symptoms
- ▶ Smoking cessation programs/treatments
- ▶ Surgery
- ▶ Transportation for medical care
- ▶ Weight-loss programs/meetings
- ▶ Wheelchairs
- ▶ X-rays

Who is a qualified dependent? You can use your Health Care FSA to pay for health care expenses incurred by any of the following people – even if they are not covered by your employer’s health plan: yourself, your spouse, your qualifying child (including your adult children up to age 26 as provided in the Patient Protection and Affordable Care Act (PPACA)) and your qualifying relative. However, to determine if a dependent qualifies, click on HC Eligible Dependents under the Participant Quicklinks at www.wageworks.com before you login or call Customer Service for assistance.

Are my domestic partner and his or her children qualified dependents?

Federal tax law does not allow reimbursement of medical expenses for your domestic partner or your partner’s children unless they meet the definition of a qualified dependent as described above.

What expenses are eligible for reimbursement? To be eligible for reimbursement, IRS regulations require that expenses must be for medical care incurred primarily for the diagnosis, care, mitigation, treatment or prevention of disease or illness and for treatments affecting any part or function of the body. Any expense that is recommended for the improvement of general health is not eligible.

What expenses are ineligible?

- ▶ insurance premiums
- ▶ vision warranties and service contracts
- ▶ cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition and
- ▶ over-the-counter items unless accompanied by a prescription.

A more complete list appears in IRS Publication 502, available at your IRS office or online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

When is a Letter of Medical Necessity required? Medical care that is provided for specific medical purposes, but may also be provided for personal and/or cosmetic reasons, will require a signed, dated and completed Letter of Medical Necessity from the attending health care professional.

A Letter of Medical Necessity must accompany the first reimbursement claim each plan year, even if it is for continuing service.

Examples of services that need a Letter of Medical Necessity include massage therapy, weight-loss programs, and prescriptions for drugs like Accutane, Rogaine and Viagra, that are primarily prescribed for cosmetic reasons.

Health Care FSA

Who should complete the Letter of Medical Necessity?

The Letter of Medical Necessity should be completed by your health care provider (your primary care physician or the health care professional who provides the treatment) who will provide the medical diagnosis and treatment on the Letter of Medical Necessity.

What should be included on the Letter of Medical Necessity?

The Letter of Medical Necessity should include the specific diagnosis, the recommended treatment and the duration of the treatment. The health care professional must sign and date the Letter of Medical Necessity. You may use the Letter of Medical Necessity Form or any other documentation from the provider which includes all of the required information. **A Letter of Medical Necessity Form is available from www.wageworks.com and the ETF website.**

What if my health care needs change after the plan year starts?

The IRS prohibits changes in Health Care FSA coverage due to a change in your health care plan coverage or eligibility. Likewise, a change in your health plan's drug formulary or the status of over-the-counter (OTC) drugs is not an event that allows for a mid-plan year change. Be sure to verify with your health care provider (prior to the commencement of the upcoming plan year) that you are a suitable candidate for any procedure (such as laser eye surgery or other elective procedure) before committing the money to your Health Care FSA. Unused funds designated for a medical expense account cannot be refunded to you. IRS-qualified medical expenses are subject to federal regulatory change at anytime during a tax year.

Are expenses related to weight-loss eligible for reimbursement?

The IRS officially recognizes obesity as a disease and out-of-pocket medical expenses for doctor prescribed treatment of obesity **is** reimbursable under your Health Care FSA. This includes treatment in weight-loss programs and/or meetings; it **excludes** diet foods that are substitutes for normal nutritional requirements.

Weight loss programs and memberships at a gym undertaken for your general health are **not** reimbursable. When submitting a reimbursement claim, be sure to include a Letter of Medical Necessity that states the condition for which you are being treated. Remember that gym sign up fees, initial fees or enrollment fees are not reimbursable.

Only the monthly fee is reimbursable.

What medicines and drugs are eligible for reimbursement?

Prescription medicines and drugs must meet the "medical necessity" definition to be reimbursable. For example, daily vitamins, minerals, and other dietary supplements are not usually eligible for reimbursement because they are used to maintain general health. However, if they are prescribed by your health care provider to treat a specific condition (i.e. iron tablets for anemia, calcium supplements for osteoporosis), they are reimbursable if accompanied by a Letter of Medical Necessity from your physician.

Which over-the-counter (OTC) items are eligible for reimbursement?

The Patient Protection and Affordable Care Act (PPACA) approved by Congress and signed into law by the President changes the way some OTC items qualify for medical reimbursement. Most **OTC drugs and medicines require a prescription to be eligible for reimbursement.**

It's important to remember that you can still use your FSA funds for other eligible medical expenses and prescription purchases at pharmacies that are part of the **IIAS Store List** on www.wageworks.com. Unaffected OTC items will still be reimbursable, as well as affected OTC items with a doctor's prescription.

Note: Newly eligible medicines and drugs are **not** considered a valid change in status event that would allow you to change your annual reimbursement account election amount.



Health Care FSA

Can I be reimbursed for orthodontia? Orthodontia expenses are reimbursable if the treatment is designed to correct a medical condition such as malocclusion. Orthodontia expenses for treatment designed primarily to improve one's appearance are not reimbursable. Expenses for orthodontic care may be reimbursed in one of the following ways:

- ▶ if you pay an initial down payment at the start of treatment, then spread the remaining balance out under a payment plan, you may be reimbursed for the down payment amount at the time that the braces are installed, and for the monthly service amounts paid through the plan year, or
- ▶ if you spread the full contract amount out under a payment plan, you may be reimbursed for your monthly service amounts paid through the plan year, or
- ▶ if you pay the complete amount due when treatment begins, you may be reimbursed for the full contract amount, but only in the plan year in which the braces are installed.

See Page 21 for information about submitting a reimbursement request or using the Pay My Provider option.

I need special equipment to accommodate my illness. Is it reimbursable? If your reimbursement request includes expenses for items or services that can be provided for either a medical purpose or a cosmetic, personal, living and/or family purpose, or involves a capital expenditure, additional substantiation must be submitted with your claim along with a Letter of Medical Necessity. You must submit a Pay Me Back form and Letter of Medical Necessity if you are requesting reimbursement for a special version of an item that is ordinarily used for cosmetic, personal, living and/or family purposes. Only the additional amount of expense over the cost of the item in its normal form is eligible for reimbursement. For example, only the part of the cost of Braille books and magazines used by a visually-impaired person that is more than the cost of regular printed editions may be reimbursed.

The cost of home improvements or special equipment installed in your home may be reimbursable as a **capital expenditure** if the main purpose is medical care for you, your spouse, or dependent. A capital expenditure is an item that has a useful life that extends beyond the end of the taxable year (e.g., air conditioner, blood pressure cuff, etc.).

The general rules for the reimbursement of a medically necessary capital expenditure, and the extent to which its cost may be eligible for reimbursement are:

- ▶ if it's a special version of an otherwise personal item, only the increased cost over the cost of the item in its normal form is eligible.
- ▶ if it's an item permanently attached to property, only the cost exceeding the increase in the property value is eligible.
- ▶ if there is no personal element and it's not permanently attached to property, it can only be used by the person who medically requires it, and
- ▶ if the item is used by others as well, only a prorated amount of the cost is eligible.

Reimbursement requests for a capital expenditure must include a Pay Me Back Claim form and a Letter of Medical Necessity. If you are requesting reimbursement for a capital expenditure that is permanently attached to property, you must also submit an **independent third-party appraisal before and after the installation**. If the appraisal shows that attaching the capital expenditure to the property does not increase the value of the property, then the entire cost of the capital expenditure may be reimbursable. If the appraisal shows an increase in the property's value, then only the amount that exceeds the increased property value is eligible for reimbursement.

For more detailed information pertaining to personal use items and capital expenditures, send an e-mail or call WageWorks Customer Service.

Are travel expenses related to my family's health care reimbursable? Yes, if the service provided is medically necessary for vision, dental or medical care, then travel to and from the health care provider to obtain service is reimbursable. Submit travel expenses when you are claiming reimbursement for the provided service.

Mileage

Mileage may be reimbursed at a rate of 24 cents per mile (amount per mile reimbursable per IRS as of 11/21/12) for trips to and from your health care provider. A visit to your pharmacy will be treated as a visit to your local health care provider. **This rate is subject to change by the IRS.**

Parking fees and tolls

You may seek reimbursement for parking fees and tolls to your medical appointment. To substantiate the claim you will need to provide a receipt for the toll and/or parking fee in addition to a bill or receipt from your health care provider.

Health Care FSA

Expenses incurred for out-of-town health care services (i.e., airline fare, hotel room and rental car)

You may be reimbursed for the amounts you pay for transportation to another city if the trip is primarily for, and essential to, receiving medical services. You cannot be reimbursed for a trip or vacation taken merely for a change in environment, improvement of morale, or a general improvement of health, even if you make a trip on the advice of a doctor.

Lodging expenses incurred during my dependent's out-of-town hospitalization

You may be reimbursed for the cost of lodging not provided in a hospital or similar institution. The amount you include in medical expenses for lodging cannot be more than \$50 per night for each person.

Lodging is reimbursable for a person for whom transportation expenses are a medical expense because that person is traveling with the dependent receiving medical care. For example, if a parent is traveling with a sick child, up to \$100 per night can be reimbursed as a medical expense for lodging for both. Meals are **not** included.

What documentation is required for reimbursement of travel expenses? You may calculate the mileage on the actual bill/receipt for medical care that resulted in your mileage claim. Include:

- ▶ round-trip mileage multiplied by 24 cents
(This rate is subject to change by the IRS.)
- ▶ the name of the provider visited.

Example: If your office visit with Dr. Jay on 1/2/14 resulted in a total of 80 miles round-trip, your note should read: 1/2/14 — 80 miles x 24 cents = \$19.20 on 1/2/14. Enter \$19.20 as the amount requested for reimbursement on your claim form, along with any other expenses associated with your travel (i.e. parking, tolls). **Attach your statement, bill or receipt from your health care provider along with your request in order to validate your visit.**

Should I use a Health Care FSA or claim my medical expenses on my IRS Form 1040?

Unless your itemized medical expenses **exceed** 7.5 percent of your or your family's adjusted gross income, you only get a break by claiming them on your IRS Form 1040. You can save taxes by paying for your uninsured, out-of-pocket medical expenses through a tax-free Health Care FSA.

For instance, if your family's adjusted gross income is \$45,000, the IRS would only allow you to deduct itemized expenses that **exceed** \$3,375 (7.5 percent of your adjusted gross income). But, if you have \$2,000 in eligible medical expenses, the Health Care FSA saves you \$453 in federal income (15 percent) and Social Security taxes (5.65 percent) on these medical expenses. Your savings will be even greater when you include your state income tax.

With a Health Care FSA, the money you set aside for eligible medical expenses is deducted from your salary before taxes. So it is **ALWAYS** tax-free, regardless of the amount. By enrolling in a Health Care FSA, you **guarantee** your savings.



Dependent Day Care FSA

What are the contribution limits?

- ▶ If you file your income taxes as “head of household” or “married, filing jointly”, you can put up to \$5,000 a year into your account. **Note:** If you and your spouse establish separate Dependent Day Care FSAs, the **combined** total may not exceed \$5,000.
- ▶ If either you or your spouse earn less than \$5,000 a year, you can deposit only as much as the **lower** of the two incomes.
- ▶ If you are married, but file a separate federal income tax return, you may deposit a maximum of \$2,500 to your Dependent Day Care FSA.
- ▶ **Note:** If your spouse is a full-time student or incapable of self-care, your maximum is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.
- ▶ If you have only one eligible child, your maximum for IRS tax credit is \$3,000, but you may set aside up to \$5,000 through FSA if your tax filing status allows.
- ▶ The minimum annual contribution is \$100.

Note: The Dependent Day Care FSA is for expenses related to care of a dependent(s), and is not for medical expenses incurred by dependents.

Who is a qualified dependent? You may use your Dependent Day Care FSA to receive reimbursement for eligible dependent care expenses for **qualifying individuals**.

A qualifying individual includes a **qualifying child** if they:

- ▶ are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- ▶ have a specified family-type relationship to you
- ▶ live in your household for more than half of the taxable year
- ▶ are 12 years old or younger and
- ▶ have not provided more than one-half of their own support during the taxable year.

A qualifying individual includes your **spouse** if they:

- ▶ are physically and/or mentally incapable of self-care
- ▶ live in your household for more than half of the taxable year and
- ▶ spend at least eight hours per day in your home.

A qualifying individual includes your **qualifying relative** if they:

- ▶ are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- ▶ are physically and/or mentally incapable of self care
- ▶ are not someone else’s qualifying relative
- ▶ live in your household for more than half of the taxable year and
- ▶ spend at least eight hours per day in your home and
- ▶ receive more than one-half of their support from you during the taxable year.

Note: If you are the tax dependent of another person:

- ▶ you cannot claim qualifying individuals for yourself.
- ▶ you cannot claim a qualifying individual if they file a joint tax return with their spouse.
- ▶ only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Day Care FSA.
- ▶ **Federal law does not allow an individual to be covered under a Dependent Day Care account unless they are a qualified dependent as described above. Therefore, you cannot be reimbursed for the expenses of anyone who does not meet this definition, including a domestic partner or the partner’s child(ren).**

For more information about determining eligible dependents, click on DC Eligible Dependents under the Participant Quicklinks at www.wageworks.com before you login or call Customer Service for assistance.

What rules apply for Dependent Day Care?

- ▶ Eligible dependent care expenses must be for the physical care of the dependent, either inside or outside the home.
- ▶ Dependent care cannot be provided by you, your spouse or other dependent.
- ▶ If you are married, your spouse must work, actively look for work, be a full-time student or be mentally or physically incapable of self-care.

For more information, refer to IRS publication 503 available at your Internal Revenue Service office or from the IRS Internet site at <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

Dependent Day Care FSA

What expenses are eligible for reimbursement?

- ▶ Day and dependent care facility fees for qualified dependents
- ▶ Before-school and after-school care for qualified dependents
- ▶ Local day camp fees for qualified dependents (Sports camps and other instructional camps are excluded **unless** the primary purpose of the camp is for the physical care of the child.)
- ▶ Fees for at-home care of qualified dependents that allow you to work and your spouse to either work, actively look for work, or go to school full time
- ▶ Charges for preschool and nursery school may qualify as dependent care expenses, if the attendance allows you to work and your spouse to either work, actively look for work or for you to work and your spouse to attend school full time

What expenses are ineligible?

- ▶ Educational expenses incurred for a child in kindergarten or above
- ▶ Child support payments, or care for any periods of time that your child or dependent is not living with you
- ▶ Health care costs, educational tuition
- ▶ Overnight care for your dependents (**unless** it allows you and your spouse to complete shiftwork during that time)
- ▶ Nursing home fees
- ▶ Books or supplies
- ▶ Activity fees
- ▶ Deposits, **unless** part of fee is for care of dependent
- ▶ Meal and transportation costs, if they are separate from your dependent care expenses
- ▶ Expenses incurred outside the plan year or your period of coverage

Should I use a Dependent Day Care FSA or a Child Care Tax Credit?

Generally a Dependent Day Care FSA saves you more in taxes than the Child Care Tax Credit, but it depends on your income.

- ▶ If you expect your adjusted gross family income to meet the requirements established in IRS Publication 503, the Dependent Day Care FSA will probably benefit you more, but you should consult your personal tax adviser regarding your specific situation.
- ▶ You can use the Dependent Day Care FSA and file for a tax credit as long as the total for both (the amount you have placed in your account plus the amount you have paid for Dependent Day Care) does not exceed the tax credit limits; \$3,000 for one dependent and \$6,000 for two or more dependents.
- ▶ You cannot use the tax credit if you are married and filing separately.
- ▶ You cannot use the same expenses for both the tax credit and your Dependent Day Care FSA.
- ▶ Carefully follow IRS reporting requirements for Dependent Day Care accounts. IRS Form 2441 (1040) and Schedule 2 (1040A) require that you provide the name and tax identification number (or Social Security number) of the dependent care provider when filing your taxes.



Dependent Day Care FSA

Here's how one family saved

Thousands of dollars in day care expenses for their children made Mike and Kathy Mallory decide to set up a tax-free Dependent Day Care FSA.

Last year, they paid \$6,000 for day care for their three-year-old twin daughters. The Mallorys realized they would benefit by having the tax-free deductions taken from their salary. The maximum contribution to a Dependent Day Care FSA is \$5,000. They decided to put the maximum \$5,000 in the reimbursement account and pay the rest of the cost out-of-pocket.

Reimbursement from their tax-free reimbursement account for their day care expenses during the plan year will save them

Personal Information

Names: Mike and Kathy Mallory

Ages: Mike, 32; Kathy, 31

Family Status: Married, two children in daycare

Other information: The Mallorys paid a large amount in taxes last year; they want to reduce their taxes and start renovations to their home.

Employment: Both state employees for eight years

Income: Mike \$33,000

Kathy \$35,000

	WITH TAX DEDUCTION	WITH FSA
1. Taxable Income Before Reimbursement ¹	\$42,000.00	\$42,000.00
2. Less: Dependent Day Care Paid Before Tax	0.00	-5,000.00
3. Taxable Income After Reimbursement	\$42,000.00	\$37,000.00
4. Less: Federal taxes ² (applied to line 3)	-5,430.00	-4,680.00
5. Less: State Income taxes ³	-2,428.02	-2,103.02
6. Less FICA taxes (7.65% of line 3)	-3,213.00	-2,830.50
7. Less: Dependent Day Care Paid After Taxes	-6,000.00	-1,000.00 ⁴
8. Plus: Dependent Day Care Income Tax Credit	+1,200.00	+200.00
9. Income After Dependent Day Care Expenses	\$26,128.98	\$26,586.48
10. Additional Taxes Saved With Account (Individual tax rates may vary.)		\$457.50

about \$450 more in taxes than if the Mallorys used the dependent care income tax credit.

Should the Mallorys use a Dependent Day Care FSA? YES

¹ Standard deductions and exemptions have been deducted from the adjusted gross income to arrive at this taxable income amount.

² The Federal tax rates are 10% tax to the first \$17,400 of income and a 15% tax on \$17,700 through \$70,700.

³ Individual state tax rates will vary. Wisconsin State tax information may be found at the Department of Revenue Internet site, <http://www.dor.state.wi.us>. State income taxes calculated by applying 4.6% to first \$13,420 and 6.15% to income between \$13,420 and \$26,850 and 6.5% on the remainder.

⁴ The Mallorys can also claim the extra \$1,000 in child care expenses as an income tax credit.

Note: No earned income credits included in calculations.

Estimate Your Savings

When you use your WageWorks Health Care Card, many of your medical expenses may be paid for electronically. See Page 21 for more information about other payment and reimbursement options.

Be sure to consult your *It's Your Choice* health plan enrollment guide and/or your other insurance benefit information to determine your co-insurance, deductibles and covered benefits for the 2014 Plan Year.

Tax-Free Health Care Flexible Spending Account

Eligible medical expenses to be incurred from January 1, 2014, through December 31, 2014¹

Insurance deductibles, co-insurance (insurance premiums are not reimbursable)	\$ _____
Immunizations, injections and vaccinations	\$ _____
Routine examinations and physicals	\$ _____
Dental and orthodontic expenses (non-cosmetic)	\$ _____
Prescription drugs or co-insurance amount	\$ _____
Eyeglasses and contacts (corrective, including cleaning/wetting solutions, etc.)	\$ _____
Transportation to and from medical provider	\$ _____
Medically necessary nursing home care	\$ _____
Medically necessary surgery ²	\$ _____
Other expenses	\$ _____
Total annual dollar amount	\$ _____
	\$2,500 Maximum
DIVIDE by the number of paychecks you will receive during the plan year	÷ _____
Reduction per regular paycheck	\$ _____

Tax-Free Dependent Day Care Flexible Spending Account

Eligible dependent care expenses to be incurred from January 1, 2014, through December 31, 2014¹

Infant/toddler	\$ _____
Preschool	\$ _____
Before-school or after-school care	\$ _____
Reporting days (child in school only half a day)	\$ _____
School holidays/vacations/In-service	\$ _____
Adult, elder and other dependent care	\$ _____
Total annual dollar amount Remember, your total family contribution cannot exceed IRS limits for the plan year.	\$ _____
DIVIDE by the number of paychecks you will receive during the plan year	÷ _____
Reduction per regular paycheck	\$ _____

Note: Take into consideration the possibility of turnaround delays in receiving reimbursement checks when determining how much you can afford to contribute to either Flexible Spending Account.

- Expenses incurred through March 15, 2015, may be reimbursed using 2014 contributions. However, plan conservatively to reduce the risk of forfeiting money.
- Unused funds designated for reimbursement accounts cannot be refunded to you. Please verify with your health care provider (prior to the commencement of the upcoming plan year) that you are a suitable candidate for any surgical procedure before committing the money to your FSA.

Automatic Premium Conversion

Which premiums may be taken on a pre-tax basis?

Premium Conversion allows the following premiums to be deducted from your salary on a pre-tax basis:

- ▶ State group health insurance
- ▶ State group life insurance
- ▶ EPIC dental and excess medical insurance
- ▶ VSP vision benefit
- ▶ Anthem DentalBlue dental insurance

IMPORTANT: The premiums that you pay for other coverage (for example: other medical, dental, life, income continuation or long-term care insurance) are **not** affected by this plan.

IRS regulations require that employer-provided group term life insurance coverage in excess of \$50,000 results in a tax liability. This liability is offset by the portion of life insurance premiums you pay. Any liability you incur will appear on your annual wage and tax statement (W-2 Form) that you receive each January.

Do I need to re-enroll every year?

No, you do not need to re-enroll for Automatic Premium Conversion. Your participation will continue automatically.

Are there any restrictions for premium conversion participation?

Internal Revenue Code (IRC) regulations governing premium conversion restrict changes that can be made to your benefits during the plan year. You may not make changes or cancel your participation during the same year in any of the benefits for which premiums are being taken on a pre-tax basis unless your decision to do so is a result of a qualifying change in status event. (See Pages 18 - 20 for more information about Change in Status events.) Keep in mind that the benefit plan may also have other restrictions on allowable changes during the plan year, in addition to those required under premium conversion.

Note: If you have insurance coverage that includes a domestic partner or other individual who cannot be claimed as a dependent on your income tax returns (except for adult children up to age 27), the fair market value (FMV) of benefits covering such an individual will be calculated and added to your earnings as taxable income.

What if I don't want to participate in automatic premium conversion?

If you wish to waive your participation in premium conversion, fill out an Automatic Premium Conversion Waiver/Revocation of Waiver Form (ET-2340) and return it to your Payroll/Benefits Office. You can obtain a Waiver form from your Payroll/Benefits Office, or by going to the ETF Internet site.

When will the waiver be effective?

- ▶ If you file a waiver within 30 days after the date you are first eligible to participate in the ERA program, the date you are first eligible for insurance that is affected by premium conversion, or the date you experience a qualifying change in status event, the waiver will be effective on the first of the month following the processing of your form.
- ▶ If you file the waiver at any other time, it will become effective on January 1 of the following plan year.

Once you have filed a waiver it will remain in effect for future plan years, unless you file an Automatic Premium Conversion Waiver/Revocation of Waiver Form (ET-2340) with your Payroll/Benefits Office.



Impact of the FSA Program on Other Benefits

Social Security

Participation in the ERA program, including the Premium Conversion component, will reduce salary used for calculating your eventual Social Security benefit. However, the benefit reduction is small compared with the tax savings earned. The following table compares the possible lifetime Social Security reduction with tax savings realized through the ERA program.

Number of years using tax-free premiums	Estimated reduction in Total Lifetime Social Security benefits		Total tax savings*
	MALE	FEMALE	
10	\$1,536	\$1,865	\$2,718
20	3,071	3,729	5,436
30	4,608	5,596	8,154
35 or more	5,376	6,528	9,513

* Tax savings based on a 15% federal income tax and 7.65% Social Security tax, with \$100 in tax-free contributions per month. Your savings will be even greater when you include your state income tax. Higher tax brackets will also increase tax savings; Social Security reduction remains the same. Assumes retirement at age 65. The difference in male and female estimates is based on life expectancy at retirement.

Tax-sheltered annuities and deferred compensation

Participation in the ERA program does **not** affect your participation in a tax-sheltered annuity or Deferred Compensation Program through ETF.

Wisconsin Retirement System (WRS) and other state benefits

State law (Wis. Stats. §40.87) specifically states that participation in the ERA program will **not** reduce your wages for calculating state retirement benefits.

ERA reductions will **not** reduce your gross income for the purpose of calculating any other state benefits such as sick leave conversion credits, income continuation insurance, life insurance, unemployment or Workers' Compensation.



Changes During the Year

Am I Permitted to Make Mid-Plan Year Election

Changes? You can change your Flexible Spending Account (FSA) election(s), or vary the salary reduction amounts you have selected during the plan year, only under limited circumstances as provided by your employer's plan(s) and established IRS guidelines. Partial lists of permitted and not permitted qualifying events under your employer's plan(s) appear on the following page. Election changes must be consistent with the event. WageWorks will review, on a uniform and consistent basis, the facts and circumstances of each properly completed and timely submitted mid-plan year election change form.

How Do I Make A Change?: Within **30 days** of an event that is consistent with one of the events on the following page, you must complete and submit a Change in Status/Election Form to **Wisconsin@wageworks.com**. Obtain a Change in Status Request Form from your Payroll/Benefits Office, from ETF's Internet site or from WageWorks office. Retain documentation supporting your mid-year change request. (It does not need to be submitted with your request.) Upon approval, a copy of the form will be forwarded to your Payroll/Benefits Office. After your election change request is processed, your existing FSA(s) elections will be stopped or modified (as appropriate). Generally, mid-plan year, pre-tax election changes can only be made prospectively, no earlier than the first of the month after your election change request has been received by your employer, unless otherwise provided by law. If your FSA election change request is denied, you will have **30 days**, from the date you receive the denial, to file an appeal with WageWorks.

What is My Period of Coverage? Your period of coverage for incurring expenses is your full plan year, unless you make a permitted mid-plan year election change. For a Health Care FSA, a mid-plan year election change will result in split periods of coverage, creating more than one period of coverage within a plan year with expenses reimbursed from the appropriate period of coverage. Money from a previous period of coverage can be combined with the

new amounts anticipated after a permitted mid-plan year election change. However, expenses incurred before the permitted election change can only be reimbursed from the amount of the balance present in the Health Care FSA prior to the change. Midplan year election changes are approved only if the extenuating circumstances and supporting documentation are within your employer's Health Care FSA plan and the IRS regulations governing the plan.

Split periods of coverage do not apply to Dependent Day Care FSAs.

What are the IRS Special Consistency Rules Governing Changes in Status?

- 1. Loss of Dependent Eligibility** – If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
- 2. Gain of Coverage Eligibility Under Another Employer's Plan** – If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage if that individual gains coverage, or has coverage increased under the other employer's plan.
- 3. Dependent Care Expenses** – You may change or terminate your Dependent Day Care FSA election when a Change in Status (CIS) event affects (i) eligibility for coverage under an employer's plan, or (ii) eligibility of dependent care expenses for the tax exclusion available under IRC § 129.

Changes During the Year

What changes are permitted by the IRS?

<p>Legal Marital Status (Marriage; death of spouse; divorce; legal separation; and annulment)</p>	<p>Health Care FSA</p> <ul style="list-style-type: none"> ▶ If you marry, you may increase your election when a family member is added; or cease or decrease your election if: (i) you, your spouse or dependents become eligible under your new spouse's employer's medical expense account plan; and (ii) your spouse is a participant in his or her employer's plan, and (iii) coverage for the affected individual becomes effective or is increased under the other employer's plan. ▶ If you cease to be married, you may decrease your election for the former spouse who loses eligibility. You may enroll in or increase your own election only if you have lost coverage under your former spouse's medical expense plan. <p>Dependent Day Care FSA</p> <ul style="list-style-type: none"> ▶ If you marry, you may enroll in or increase your election to accommodate any newly-acquired dependent(s); or decrease or cease coverage if your new spouse is not employed or makes a Dependent Day Care FSA coverage election through his or her employer. ▶ If you cease to be married, you may enroll in or increase your election to accommodate your newly-eligible dependent (e.g., due to divorce from non-working spouse); or decrease or cease coverage if eligibility is lost due to an event (e.g., because your dependent now resides with ex-spouse).
<p>Number of Your Tax Dependents (Birth; death; adoption; and placement for adoption*)</p>	<p>Health Care FSA</p> <ul style="list-style-type: none"> ▶ If you gain a dependent, you may enroll in or increase your election for the newly-acquired dependent. ▶ If you lose a dependent, you may decrease or cease your election for the dependent who loses eligibility. <p>Dependent Day Care FSA Same as Health Care FSA.</p>
<p>Change In Status of Employment that Affects Eligibility of the employee, the employee's spouse, or the employee's dependent (Termination or commencement of employment; strike or lockout; commencement of or return from an unpaid leave of absence; and change in worksite)</p>	<p>Health Care FSA</p> <ul style="list-style-type: none"> ▶ If you go on an unpaid leave of absence, you may change your election amount, or terminate coverage. ▶ If you return from unpaid leave of absence, you may start an account or change your election amount. ▶ If your spouse terminates employment, or goes on an unpaid leave of absence, you may enroll in or increase your election if your spouse or dependent loses eligibility for participation in their employer's medical reimbursement plan. ▶ If your spouse or dependent commences employment or returns from an unpaid leave that triggers a gain in eligibility under his or her employer's plan, you may not drop your Health Care FSA coverage but you may decrease your election if your spouse or dependent gains eligibility and enrolls in his or her employer's medical reimbursement plan. <p>Dependent Day Care FSA</p> <ul style="list-style-type: none"> ▶ If you terminate employment, your salary reductions cease but you may continue to request reimbursement for eligible expenses from your account until you exhaust your account balance or the plan year ends even if you have not contributed the full annual amount for which you enrolled. You cannot claim expenses that are incurred while you are not working. ▶ If you return from unpaid leave, you may start an account or change your election amount. ▶ If your spouse terminates employment, or goes on an unpaid leave of absence, you may cease participation if your spouse's loss of employment renders your dependent ineligible for this benefit. ▶ If your spouse starts employment or returns from unpaid leave, you may start an account or increase your election amount to reflect the new eligibility of your dependent (if your spouse previously did not work). You may also terminate your account if your dependent is added to a dependent care plan offered by your spouse's employer.

* These qualifying change events are effective on the date of the event.

Changes During the Year

<p>Dependent satisfies or ceases to satisfy eligibility requirements. (Gain or loss of dependent status as defined by IRC Section 152)</p>	<p>Health Care FSA</p> <ul style="list-style-type: none"> ▶ If your dependent gains eligibility, you may enroll in or increase your election to take into account the expenses of the affected dependent. ▶ If your dependent ceases to be eligible you may not drop your coverage but you may decrease your election to take into account the ineligibility of the expenses of the affected dependent. <p>Dependent Day Care FSA</p> <ul style="list-style-type: none"> ▶ If your dependent gains eligibility, you may enroll in or increase your election to take into account expenses of affected dependent. ▶ If your dependent ceases to satisfy eligibility requirements (e.g., attains age 13) you may decrease or terminate your election to take into account the expenses only of the affected dependent.
<p>Change in Place of Residence (Your Own, Your Spouse or Dependent) (Does not apply to Health Care FSAs)</p>	<p>Dependent Day Care FSA</p> <p>You may make an election change if a change in place of residence results in a change in the cost or coverage of your dependent care provider.</p>
<p>Open Enrollment Under Other Employer's Plan (Does not apply to Health Care FSAs)</p>	<p>Dependent Day Care FSA</p> <p>You may make an election change when your spouse or dependent makes an open enrollment change in coverage under their employer's plan if: their employer's plan year is different from your employer's cafeteria plan, their employer's plan permits a mid-plan year election change under this event, and they participate in a Dependent Day Care FSA.</p>
<p>Significant Coverage Curtailment (Does not apply to Health Care FSAs)</p>	<p>Dependent Day Care FSA</p> <p>If your dependent care provider significantly reduces its available hours, or goes out of business, you may revoke your election and make a new election for coverage with another dependent care provider. You may also make a corresponding election change when you switch dependent care providers. For example, if you send your child to a daycare center, you can switch to another daycare center or provider. If switching dependent care providers results in a cost increase or decrease, you can make a corresponding change to your dependent care election.</p>
<p>Cost Increase or Decrease (Does not apply to Health Care FSAs)</p>	<p>Dependent Day Care FSA</p> <p>If the cost charged by your dependent care provider increases or decreases, you may change your elected contribution under the plan. However, if the day care provider is related by blood or marriage, you cannot change your election amount solely on a desire to increase or decrease the amount being paid to that relative.</p>
<p>Certain Judgments, Decrees, or Court Orders (Does not apply to Dependent Day Care FSAs)</p>	<p>Health Care FSA</p> <p>If a judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody requires that accident or health coverage for your dependent child (including a dependent foster child) be provided by:</p> <ul style="list-style-type: none"> ▶ you may change your medical reimbursement account election to provide the child with corresponding coverage. ▶ your spouse, former spouse, or other individual, you may change your medical reimbursement account election to cancel corresponding coverage for the child if the other individual actually provides the coverage.
<p>Eligibility for Medicare and Medicaid (Does not apply to Dependent Day Care FSAs)</p>	<p>Health Care FSA</p> <p>If you, your spouse, or your dependent:</p> <ul style="list-style-type: none"> ▶ are enrolled in your employer's health or accident benefit plan, and become entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines), then for that individual you may decrease your medical reimbursement account election, if the Medicare/Medicaid coverage is more comprehensive, or increase it if prior employer coverage was more comprehensive. ▶ lose eligibility for Medicare or Medicaid, then for that individual you may increase your election; or decrease it where the employer plan is more comprehensive.

Using Your FSA Dollars

When you pay for an eligible health care or dependent care expense, you want to put your account to work right away. WageWorks gives you several convenient reimbursement options.

Online claims

You can file a claim online to request reimbursement for your eligible expenses.

- ▶ Go to **www.wageworks.com**, log into your account and select the "Submit Receipt or Claim"
- ▶ Select 'Pay Me Back'.
- ▶ Fill in all the information requested on the form and submit.
- ▶ Scan receipts, EOBs and other supporting documentation.
- ▶ Attach supporting documentation to your claim by using the upload utility.
- ▶ To speed processing, remember to save receipts that show exactly what you paid for, the amount and date of service.
- ▶ Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

Smartphone claims

- ▶ Download and open the WageWorks EZ Receipts® app.
- ▶ Enter your **www.wageworks.com** User Name and Password.
- ▶ Select, 'Submit Receipt or Claim' and choose 'Pay Me Back'.
- ▶ Follow the step-by-step instructions provided to upload and submit your claim.

Using your WageWorks® Card

Use your WageWorks® Health Care Card instead of cash or credit at health care providers and pharmacies for eligible services, goods and prescriptions. See the next page for more details on how to use your Card. For a list of qualified merchants, please visit **www.sigis.com**.

- ▶ Save your receipts. Even when your Card is approved, a detailed receipt may still be requested; you will be notified by email and when you log into your account when a Card transaction is in need of verification.
- ▶ If you use your Card at a doctor's or dentist's office, we will most likely ask you to submit a receipt for verification. Failure to do so will result in your Card being suspended.
- ▶ If you lose your Card, please call WageWorks immediately to report your missing Card and order a new one. You will be responsible for any charges until you report the lost Card.

Pay My Provider

You can pay many of your eligible health care and dependent care expenses directly from your FSA account with no need to fill out paper forms*. It's quick, easy, secure and available online at any time.

To pay a provider:

- ▶ Log in to your FSA account at **www.wageworks.com**.
- ▶ Select "Submit Receipt or Claim" and choose 'Pay My Provider'.
- ▶ When you're done, WageWorks will send a check directly from your account. If you pay for eligible recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation.

If you prefer to submit a paper claim by fax or mail, you can go to **www.wageworks.com** to download a Pay Me Back claim form and follow the instructions for submission.



WageWorks® Health Care Card

While your WageWorks Health Care Card and account offer a great deal of convenience, both are regulated by IRS rules that all participants are required to follow. In most instances, you will be able to use your Card with little or no inconvenience. There are, however, situations where the Card will be declined or you will be required to submit receipts and/or other documentation to verify that the item or service purchased was eligible.

Quick Tips

Log into your account at www.wageworks.com regularly to see if you have any Card transactions in need of verification.

If you have a Card transaction that requires verification, you will be notified immediately on the Welcome page upon login and via email. Remember to also monitor the Statement of Activity page for pending transactions, as it can take up to three weeks to verify a purchase. If a pending transaction cannot be verified, the Status will update to "Receipt Needed."

Avoid problems: act quickly to resolve all unverified transactions.

You have 90 days from the date of the transaction to take care of any outstanding unverified purchases. If you do not take action within 90 days:

1. The amount of any outstanding unverified Card transactions may be deducted from your next Pay Me Back claim submission.
2. Your Card will be suspended.

If your Card is suspended, it will be reactivated within 24 – 48 hours after receipts or repayment have been processed for all unverified Card transactions.



How To...

Use your Card

You can use your Card in these ways:

- 1) For eligible goods and services at health care providers and select pharmacies. When you swipe your Card at the checkout, choose "credit" (even though it isn't a credit card).
- 2) For eligible over-the-counter (OTC) non-drug items at general merchandise stores (including most drugstores) that have an industry standard (IIAS) inventory and checkout system.
- 3) For prescribed OTC drugs at the pharmacy counter, as long as the drug is dispensed as a valid prescription. Go to www.wageworks.com/healthcarereform to learn more about the OTC drug prescription requirement. In most instances, your Card transaction will be verified at checkout, which means you will not have to submit a receipt to WageWorks after the transaction. You are, however, required to keep each receipt for tax purposes, and in the event it is needed for verification.

Before shopping for prescriptions and over-the-counter items, always visit www.sigis.com for a list of merchants that have an IIAS system in place.

Use your Card at the doctor or other health care provider

If you use the Card at a health care provider or at a pharmacy that does not have an IIAS system, WageWorks will likely require that you submit a receipt or your health insurance explanation of benefits (EOB) to verify that the transaction was for an eligible health care expense or service.

Verify a Card transaction after the purchase

WageWorks will notify you of any Card transactions that require attention by email and when you log into your account. If WageWorks is unable to determine that your Card was used to pay for eligible health care products and services, you will need to take the following action to verify the transaction:

- ▶ Log into your account at www.wageworks.com
- ▶ Click on the "Submit Receipts for Health Care Card Use" link on the right-hand side of the Welcome page
- ▶ Select the unverified transaction
- ▶ Scan and upload the corresponding receipt and/or documentation

If you have lost or misplaced the receipt, you can submit a substitute receipt of equivalent value or repay your account.

Make sure your receipts meet the requirements for verification

In order for the receipt (or any documentation) to be valid, it must include the five specific pieces of information required by the IRS:

- ▶ The patient name
- ▶ Provider name
- ▶ Date of service
- ▶ Type of service
- ▶ The amount you were charged or your cost (e.g. your deductible or co-pay amount or the portion not covered by your insurance)
- ▶ For OTC drug prescriptions, the receipt must also include the prescription number. If not included, a copy of the prescription must accompany the receipt instead.

For tips and more information about how to use your Card go to www.wageworks.com/card.

2013 Open Enrollment Benefit Fairs

City	Date	Time
Eau Claire	Oct. 7	10:00 am - 1:00 pm
UW Eau Claire-Davies Center 105 Garfield S220, Dakota Ballroom		
Eau Claire	Oct. 9	9:00 am - Noon
Department of Transportation 718 West Clairemont Avenue, Chipewa Valley Conference Room		
Green Bay	Oct. 7	11:30 am - 2:30 pm
UW Green Bay-University Union 2420 Nicolet Drive, Phoenix Rooms A and B		
Green Bay	Oct. 24	8:00 am - Noon
Department of Transportation DTSD 944 Vanderperren Way, Green Bay and Lake Michigan Rooms		
Kenosha	Oct. 23	11:00 am - 2:00 pm
UW Parkside-Student Center 900 Wood Road, Student Center Ballroom		
La Crosse	Oct. 16	10:00 am - 2:00 pm
UW La Crosse-Cartwright Center 1741 State Street, Valhalla Conference Room		
Madison	Oct. 7	10:00 am - 2:00 pm
Department of Natural Resources - GEF 3 125 South Webster, Room P41 (Plaza Level)		
Madison	Oct. 8	9:00 am - 3:00 pm
UW Madison-Union South 1308 West Dayton Street, Varsity Hall		
Madison	Oct. 9	9:00 am - 1:00 pm
Department of Transportation Hill Farms State Office Building 4802 Sheboygan Avenue, Room 364		
Madison	Oct. 15	8:00 am - Noon
Department of Transportation 2101 Wright Street, Rock, Dane and Columbia Rooms		
Madison	Oct. 15	11:00 am - 1:30 pm
Department of Revenue 2135 Rimrock Road, Events Room (First Floor)		
Madison	Oct. 16	11:00 am - 1:00 pm
Department of Agriculture and Consumer Protection Prairie Oaks Building 2811 Agriculture Drive, Lobby		
Madison	Oct. 16	10:00 am - 2:00 pm
Department of Administration 101 East Wilson Street, Cafeteria		
Mauston	Oct. 16	9:00 am - 4:00 pm
Department of Health Services-Sand Ridge Secure Treatment Cntr 1111 North Road, H Training Center		
Menomonie	Oct. 8	10:00 am - 2:00 pm
UW Stout 1110 South Broadway, Price Commons Glass Lounge		

City	Date	Time
Milwaukee	Oct. 9	10:00 am - 3:30 pm
UW Milwaukee-Student Union 2200 East Kenwood Boulevard, Wisconsin Room (Third Floor)		
Milwaukee	Oct. 10	10:00 am - 1:00 pm
Milwaukee State Office Building (DOA) 819 North Sixth Street, Room 40		
Milwaukee	Oct. 17	10:00 am - 1:00 pm
Department of Natural Resources 2300 North Martin Luther King Jr. Drive, Rooms 140 and 141		
Oshkosh	Oct. 10	1:00 pm - 3:00 pm
UW Oshkosh, Reeve Memorial Union 748 Algoma Boulevard, Ballroom 227 ABC		
Platteville	Oct. 2	Noon - 4:00 pm
UW Platteville, Ullsvik Hall 1 University Plaza, Velzy Commons, (West Main And South Hickory St.)		
Plymouth	Oct. 8	5:30 am - 2:30 pm
Kettle Moraine Correction Institution W9071 Forest Drive, Training Center		
Rhinelanders	Oct. 17	9:00 am - Noon
Department of Transportation 510 North Hanson Lake Road, Onelda and Florence Conf. Room		
River Falls	Oct. 3	10:00 am - 1:30 pm
UW River Falls University Center 500 East Wild Rose Avenue, Riverview Ballroom		
Stevens Point	Oct. 24	9:00 am - 2:00 pm
UW Stevens Point, Dreyfus University Center 1015 Reserve Street, Alumni Room		
Superior	Oct. 8	9:00 am - Noon
Department of Transportation 1701 North Fourth Street, Lake Superior Conference Room		
Superior	Oct. 8	1:00 pm - 3:00 pm
UW Superior, Yellowjacket Union 1605 Catlin Avenue, Great Room A		
Waukesha	Oct. 17	8:00 am - Noon
Wisconsin DOT Southeast Region 141 NW Barstow Street, Room 151		
Whitewater	Oct. 10	10:00 am - 2:00 pm
UW Whitewater, University Center 800 West Main Street, Hamilton 164		
Wisconsin Rapids	Oct. 9	9:00 am - Noon
Department of Transportation 1681 Second Avenue South, Rooms 120 and 124		

Questions?

Helpful tips, guides, video tutorials and FAQs are available online at www.wageworks.com. WageWorks Customer Service professionals also are standing by to help you. Just call 1-855-428-0446, Monday – Friday, 7 a.m. – 7 p.m. CST.

This document provides a description of available benefits for easy reference purposes. Official plan documents are available for inspection at the: Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931

Your Employer and WageWorks

This program is sponsored by your employer and brought to you by WageWorks. Millions of employees nationwide enjoy the WageWorks advantage to save money and make smart choices about their health care, dependent care, and commuter expenses.



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